Case 22-19222-ABA Doc 40 Filed 03/06/23 Entered 03/06/23 07:50:30 Desc Main Document Page 1 of 2

Em.								
Fill in this information to identif	y your case:							
Debtor 1 Lamar A. Freem								
Debtor 2 Loretta Freema (Spouse, if filing) First Name	n	Last Name	The second secon					
-		Lasi Name	3					
United States Bankruptcy Court for the Case number 27-192		Jersey						
(If known)			Check i					
			An amended filling					
Official F				inco	pplement showing postpetition chapter 13 me as of the following date:			
Official Form 1061	4,000	M / DD / YYYY						
Schedule I: You	12/15							
supplying correct information. If y If you are separated and your spo separate sheet to this form. On the Part 1: Describe Employn	use is not filing with you, do e top of any additional page	a louint , and	your spouse	is living with	otor 2), both are equally responsible for you, include information about your spouse ouse. If more space is needed, attach a known). Answer every question.			
Fill in your employment information.		Debter						
If you have more than one job.		Debtor 1			Debtor 2 or non-filing spouse			
attach a separate page with information about additional employers.	Employment status	Employed Not employed			☐ Employed Mot employed			
Include part-time, seasonal, or self-employed work.					waa reer employed			
Occupation may include student or homemaker, if it applies.	Occupation	Janitor	,					
	Employer's name	BP&SC Sen	vices - Abi	gail House				
	Employer's address	Number Street			Number Street			
	-							
	-	City	State ZII	P Code	City State ZIP Code			
	How long employed there?			*	State Zir State			
Part 2: Give Details About	Monthly Income							
Estimate monthly income as of t spouse unless you are separated.	the date you file this form. If	you have noth	ing to report	for any line, w	rite \$0 in the space. Include your non-filing			
If you or your non-filing spouse has below. If you need more space, att	ve more than one employer, cach a separate sheet to this fo	ombine the info	ormation for a	all employers fo	or that person on the lines			
N 13-4			Fo	r Debtor 1	For Debtor 2 or non-filing spouse			
 List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 			2. \$	2,493.36	\$0.00			
Estimate and list monthly overti	ime pay.		3. +\$	0.00	+ \$0.00			
. Calculate gross income. Add line	e 2 + line 3.		4. \$	2,493.36	\$0.00			

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Lamar A. Freeman

Debtor 1

First Name Middle Name Last Name		Case number (if known)					
			For Debtor 1		For Debtor 2 or non-filing spouse		
Copy line 4 here	> 4.	\$	2,493,36		0.00	NO.	
5. List all payroll deductions:				4		-	
5a. Tax, Medicare, and Social Security deductions	-		400.04				
5b. Mandatory contributions for retirement plans	5a	Ψ	439.64	\$	0.00		
5c. Voluntary contributions for retirement plans	5b.	***************************************	0.00	\$	0.00		
5d. Required repayments of retirement fund loans	5c.	,	0.00	\$	0.00		
5e. Insurance	5d.	\$	0.00	\$	0.00		
5f. Domestic support obligations	5e.	\$	0.00	\$	0.00		
5g. Union dues	5f.	\$	0.00	\$	0.00		
5h. Other deductions. Specify:	5g.	\$	0.00	\$	0.00		
	5h.	+\$	0.00	+ \$	0.00		
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5		\$	439.64	\$	0.00		
Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_2	2,053,72	\$	0.00		
List all other income regularly received:							
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross							
monthly net income.	8a.	\$	0.00	\$	0.00		
8b. Interest and dividends	8h	2	0.00	\$	0.00		
8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive	ent	Φ	0.00	\$	0.00		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		s	0.00	\$	0.00		
8d. Unemployment compensation	8c.	•		Y			
8e. Social Security	8d. 8e.	\$\$	0.00	\$	0.00		
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ce	Ψ	931.00	\$	592.00		
	8f.	\$	0.00	\$	0.00		
8g. Pension or retirement income	8g.	\$	0.00	\$	0.00		
8h. Other monthly income. Specify:		-\$	0.00	+\$	0.00		
Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.		\$	931.00	\$	592.00		
Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		\$ 25	84.72 +	\$	592.00	s3,57	
state all other regular contributions to the expenses that you list in Sabari	L L						
icitide contributions from an unmarried partner, members of your household, your iends or relatives.	ur dep						
to not include any amounts already included in lines 2-10 or amounts that are nepecify:					chedule J. 11. 🛨	\$ (
add the amount in the last column of line 10 to the amount in line 11. The re write that amount on the Summary of Your Assets and Liabilities and Certain Sta	esult is	the com	bined monthl	y income, es	12.	\$ 3,57	
Do you expect an increase or decrease within the year after you file this fo	rm?					Combined monthly inco	